

Safer In-Person Gatherings

Community Care First!

Guidelines for keeping each other safer while gathering in-person during the ongoing COVID-19 Pandemic.

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We Owe it to Each Other to Create Safe and Accessible Spaces.

This guide offers strategies for safer in-person gatherings.

It is equally important to continue offering remote options and strategies for meaningful participation for those unable or unwilling to accept the risks of attending in-person.

[COVID is airborne](#),¹ and in our efforts to be together, we do not want to leave behind those who cannot access indoor and in-person spaces during this pandemic.

Solidarity Means We Protect Each Other

COVID-19 is a harmful, airborne virus. We all share air, especially in indoor spaces.²

We cannot accept mass infection, and we cannot leave anyone behind. We must make gatherings safer for EVERYONE. Using multiple layers of protection is the best way to protect each other.

First, this guide will introduce you to the multiple layers of protection we can use to to protect each other.

Why haven't we been doing this all along?

The Biden Administration and its CDC are prioritizing the interests of corporations and politicians over the public's health by hiding the truth and by removing infection control measures in public spaces. Their approach has made participation in society dangerous for everyone, but especially for the most vulnerable.^{3,4}

Second, this guide aims to highlight the flaws of the CDC's current approach.

Lastly, we'll encourage you to stay informed and active!

This Guide Includes:

1. Layers of Protection are Key to Keeping Each Other Safe
2. The Biden Administration and its CDC are Downplaying the COVID-19 Pandemic and its Risks
 - a. COVID-19 is Still Causing Death and Severe and Chronic Illness
 - b. The CDC is Misrepresenting the Risks of Contracting and Spreading COVID-19
3. Stay Informed
4. Endnotes

**Layers of Protection are Key to
Keeping Each Other Safe.**

Layers of Protection Reduce COVID-19 in the Air and Lower Transmission ⁵

☐ **Move Activities Outdoors***

☐ **Universal Masking***

☐ Pre-event Testing

☐ Require Proof of Vaccination and Boosting

☐ Request Attendees Avoid Unmasked Indoor Activities Prior to Event

☐ Symptoms and Exposure Checklist

☐ Ventilate with Outdoor Air, Clean Air with HEPA Filters, Monitor CO2

☐ Keep Groups Small and Consistent

☐ Small Groups, Social Distancing, & Limit Time Indoors

☐ Post-event Testing and Contact Tracing

*As a minimum, your COVID-safer gathering should **Move Activities Outdoors** and/or require **Universal Masking** in addition to other layers.

No single measure is perfect, which is why it is important to use multiple layers of protection.

As a baseline, we recommend:

- Universal masking
- Outdoor gatherings wherever possible

The more layers you use, the safer your gathering will be!⁶

Move Activities Outdoors

- ❑ Hold events in outdoor, open spaces.
 - ❑ In outdoor spaces, it is less likely that someone inhales someone else's exhaled air.
 - ❑ In a 2021 systematic review, the [odds of indoor transmission was 18.7 times higher](#) than outdoor (95% confidence interval 6.0-57.9).⁷ Outdoor transmission seems to be occurring more commonly with newer variants, but still less commonly than indoors.
- ❑ Plan for multiple weather conditions or select a rain date if needed.
 - ❑ Avoid tents with walls, which [block airflow](#).⁸
- ❑ Exercising, singing, and talking [expel more aerosols](#) and thus increase risk so plan for these activities to take place entirely outdoors.⁹
 - ❑ If this is not an option, shorten the duration of these activities while indoors.
- ❑ [Transmission can still happen outdoors](#), especially in crowds and over long periods of time.¹⁰
- ❑ We recommend requiring masks and social distancing in crowded, outdoor spaces.

Universal N95/KN95/KF94 Masking

- ❑ Universal Masking with well-fitting, high-filtration masks is a critical layer of protection.
 - ❑ Provides [source control](#) for infected people.¹¹
 - ❑ [Protects](#) those that are uninfected.¹²
- ❑ We recommend universal masking with NIOSH-certified N95/KN94 grade masks or better.
 - ❑ Whereas N95 masks have 1-10% [internal leakage](#) – defined as the percent of particles entering mask, inhaled by mask wearer – surgical masks have 50% and cloth masks, 75% internal leakage.¹³
 - ❑ While studies have shown [universal masking](#) even with surgical and cloth masks reduces spread, universal N95 wearing makes spaces safest for the most vulnerable.¹⁴
 - ❑ We should demand Free Access to N95 masks for all from our governments, and find creative ways to supply them to our communities in the meantime.
- ❑ We recommend purchasing and offering [N95 or KN95/KF94 masks for all attendees](#).¹⁵
Groups like [ProjectN95](#) may offer mask donations for purposes like this.¹⁶

Pre-Event Testing

- ❑ Tests can help reduce asymptomatic spread at your event.
 - ❑ [Asymptomatic people can transmit the virus.](#)¹⁷ In fact, some models suggest that at least 50% of transmission was attributed to asymptomatic sources.
 - ❑ Depending on timing of exposure, a person will not immediately show a positive result. Testing multiple times increases the chances of detecting an infected person.
- ❑ PCR and rapid antigen tests (RAT) can both be good options for one-day events.
 - ❑ PCR COVID tests detect viral material in the body, and so are more “sensitive” than RAT tests, especially early in an infection.
 - ❑ RATs detect viral shedding in the nose or mouth. A RAT is more likely to produce false negatives, especially if performed only once, immediately after exposure, and in asymptomatic cases.

Pre-Event Testing

- ❑ Testing for one day events:
 - ❑ With access to same-day PCR testing, one test on the day of the event is sufficient.
 - ❑ If there is no access to same-day PCR testing, test the day before.
 - ❑ As with all mitigation efforts, a negative PCR does not entirely eliminate the risk of COVID transmission, so implement other layers of protection as well.
 - ❑ If using RAT, attendees should test the *day prior* to the event and the *day of* the event. They should use a combined throat and nasal swab strategy to improve sensitivity.¹⁸
 - ❑ While some data suggests that RAT positivity correlates well with contagiousness, (that is, a negative RAT means a person is not contagious), the relationship is not perfect.
- ❑ If the event lasts multiple days:
 - ❑ Test daily (RAT or PCR) if possible. **Note:** RAT tests have significantly more false negatives than PCR tests. Neither test is perfect, so we recommend repeat testing.
 - ❑ Testing twice a week (PCR) also decreases risk.¹⁹

Require Proof of Vaccination and Boosting

- ❑ Vaccination can help reduce the likelihood of transmitting COVID.²⁰
- ❑ All attendees over the age of 5 should be recently boosted (at least two weeks prior to the event) with the bivalent booster, unless they've forgone it due to a recent infection.
- ❑ Remind attendees to be vaccinated and boosted at least two weeks in advance of the event so the vaccine has enough time to kick in.

Request Attendees Avoid Unmasked Indoor Activities Prior to Event

- ❑ The virus that causes the most common strain of COVID-19 has an incubation period of about 3-4 days²¹ for most people. This means that there are about 3-4 days between when someone is exposed to the virus and when they develop symptoms.
- ❑ Pre-symptomatic transmission accounts for about a third of COVID-19 spread.²²
- ❑ Requesting avoidance of unmasked indoor activities minimizes the chance that someone brings COVID-19 to your gathering.
- ❑ It also increases the accuracy of your pre-event testing since accuracy improves in the days following an exposure.

Symptoms and Exposure Checklist

- ❑ Provide a daily [symptom and exposure checklist](#) to all participants.²³
- ❑ For people exposed to the virus in the days prior to the event, a negative test (ideally, a PCR done same-day) should be performed prior to attending.
- ❑ If someone feels acutely ill or has a fever, they should stay home even if they have a negative test.

Ventilate Air & Monitor Air Quality

- ❑ When indoors, bring in outdoor air by opening all doors and windows whenever temperature, noise, and pollution allow.
 - ❑ Open windows on opposite walls if possible for [cross ventilation](#).²⁴
 - ❑ Ensure fresh air comes in by using an intake or exhaust fan in the window.
- ❑ Check with building administrators that HVAC systems are fully functional and serviced.
 - ❑ Use best possible filters, at least MERV 13.
 - ❑ Ensure maximum outside air possible.
 - ❑ Some experts point out that having windows and doors open while running a portable air purifier or HVAC wastes energy cleaning outside air. While we recognize the importance of conservation, we believe* that a dual ventilation plus filtration approach reduces COVID transmission most powerfully.

*to the best of our understanding, this has not been answered in the literature.

Filter Air

- ❑ Covid-19 is airborne, so cleaning air with HEPA filtration and avoiding time indoors is essential to minimize risk and spread.^{25,26}
- ❑ Use HEPA filters with CADR (clean air delivery rate) appropriate to room size to remove the virus from air.^{27,28} When purchasing or making a HEPA air purifier, choose one with CADR at least 2 times the cubic footage of your space,^{29,30} aiming for at least six (6) air changes per hour. CR boxes are a cheaper, DIY alternative.^{31,32}
- ❑ Since almost no HVACs can use HEPA filters, HEPA air purifiers are recommended in almost all rooms.

Monitor Air Quality

- ❑ CO₂ levels correspond to the levels of contaminants that can build up in a poorly ventilated room.³³ CO₂ monitors can help assess ventilation in a building with HVAC and/or open windows.
 - ❑ Aim for levels no higher than outdoor level at the site, 400-800 ppm.
- ❑ If you are in a room without functioning HVAC or where it is impossible to open windows, monitoring CO₂ will not help assess air ventilation. HEPA air purifiers are essential in this context.

Keep Groups Small and Consistent

- ❑ Limit the number of people in attendance.
- ❑ If necessary, divide participants into small groups or cohorts and maintain the same groups throughout the event to minimize spread and make contact tracing easier.

Be Mindful of Distance

- ❑ The old 6 ft rule is NOT protective. It was based on approximate distance large particles (droplets) travel before dropping to the ground. It is now understood that the small particles (aerosols) are what we have to worry about because:
 - ❑ Aerosols have the highest viral loads.
 - ❑ Aerosols travel to the deep lung, where they are trapped and cause disease.
- ❑ In a poorly ventilated room, these dangerous, tiny aerosols can linger for hours and spread like smoke to the whole room. Distance doesn't protect you.
- ❑ That said, distance DOES matter in some situations:
 - ❑ In a well-ventilated room, or outside, if you stay a few feet away from others, moving air can greatly reduce the aerosols you inhale from someone else.
 - ❑ In these situations, spacing chairs and tables apart can be helpful.

Post-Event Testing and Contact Tracing

- ❑ Keep a list of participants and ask them to test 5 full days after the gathering, reporting any positive results.
- ❑ Inform anyone who may have been exposed.
 - ❑ While the CDC considers 15 minutes of close contact an exposure, new variants are more highly transmissible than the original COVID virus. This means anyone sharing indoor air with a COVID-positive person may be exposed.

Use Multiple Layers of Protection.

No one layer is perfect.

We recommend incorporating as many layers as you can.

**We All Deserve the Best Information
to Keep Us Safer...**

**But this information has been absent from the
government's public health communications, so
The People's CDC is attempting to fill that void**

COVID-19 is Still Causing Death, Severe Disease, and Chronic Illness

Since mid-June 2022, the U.S. has been experiencing sustained high levels of COVID-19 transmission.³⁴ The federal government expects 100 million new cases in the fall of 2022.³⁵

As of November 2022, an average of over 2,500 people have died of COVID-19 weekly,³⁶ and almost 29 million US residents are estimated to have Long COVID,³⁷ with as many as 4 million unable to work.³⁸

All are vulnerable to the pandemic,³⁹ as Long COVID continues to impact previously healthy people⁴⁰ - including children⁴¹ - in unknown patterns.⁴² Every COVID case has the chance to impact someone vulnerable and/or lead to Long COVID.

COVID-19 has most severely impacted elderly,⁴³ immunocompromised and disabled people,⁴⁴ and Black, Latinx, and Indigenous communities,⁴⁵ due to the existing inequities of the U.S. healthcare system and within society.

COVID-19 is Still Causing Death, Severe Disease, and Chronic Illness

Although there is a common idea that COVID's severity is comparable to the flu, COVID is actually far more serious: it is far deadlier than the flu in kids and adults.^{46,47}

Children who had a previous COVID case are at increased risk for blood clots, heart problems, diabetes, and renal failure.⁴⁸

Recent COVID infection does not prevent someone from getting COVID again.⁴⁹ Because of unmitigated spread, newer variants are constantly emerging, evading vaccine and infection immunity as well as some treatments.^{50,51} In adults, multiple reinfections increase adverse health impacts including death, hospitalization, and chronic lung problems and fatigue.⁵²

The CDC themselves reported during the Delta wave that up to 1 in 5 COVID cases lead to long term impacts.⁵³

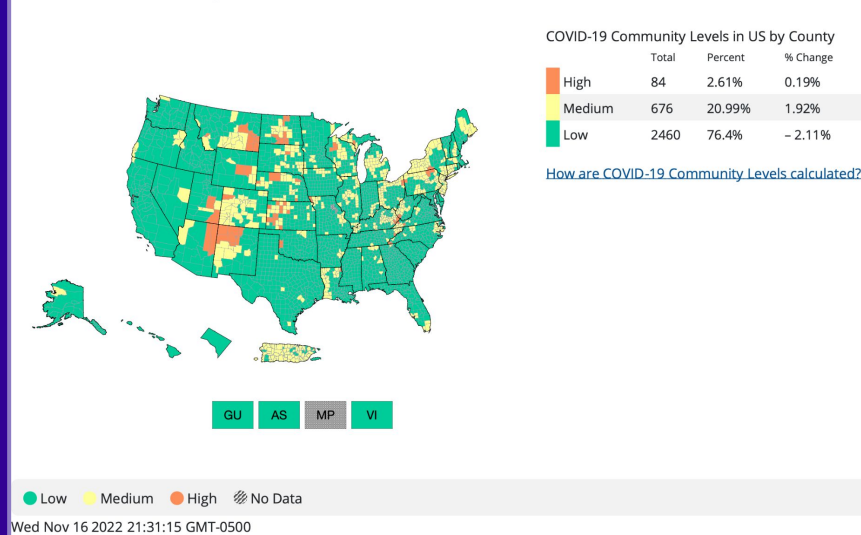
The CDC is Misrepresenting the Risks of Contracting and Spreading COVID-19

Until relatively recently, the CDC communicated about COVID risk using the “[Community Transmission Map](#).”⁵⁴ This map focused on numbers of COVID cases and on the proportion of people testing positive. In February 2022, The CDC created a new map: the “[Community Levels Map](#).”⁵⁵ This map is created using convoluted calculations that they say allows them to focus on health system strain, but [it does not communicate the risk of infection](#).⁵⁶

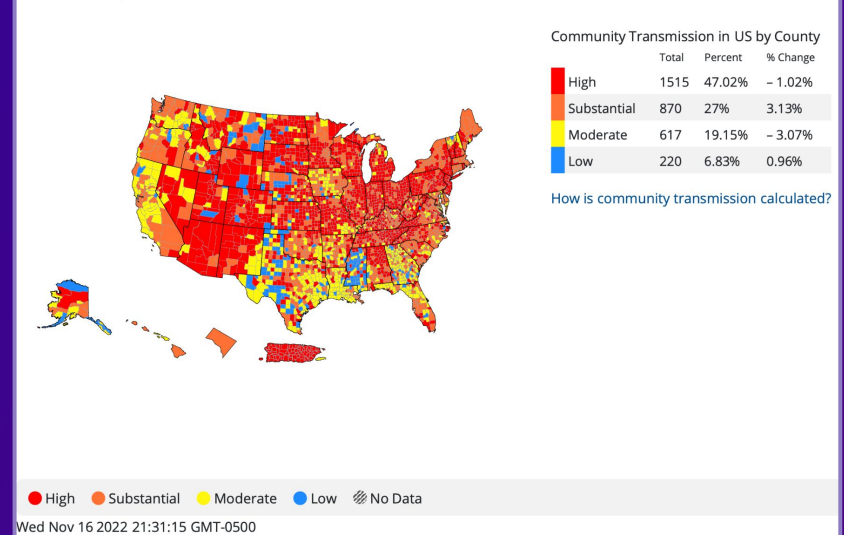
Today, the US COVID Transmission Map is still predominantly red, meaning that across the US, the risk of infection remains high.

The CDC is Misrepresenting the Risks of Contracting and Spreading COVID-19

COVID-19 Community Levels of All Counties in US



Community Transmission of All Counties in US



These maps were both pulled from the CDC on November 15, 2022, as indicated on the bottom left of the image. On the left is the Community Levels Map and on the right is the Community Transmission Map.

The CDC is Misrepresenting the Risks of Contracting and Spreading COVID-19

On the previous page, the *Community Levels* map (on the left) which is promoted by the CDC, shows that on November 15, 2022, 76.4% of counties were at a "Low Level." Even the pastel colors make the map softer, further misleading readers about the real danger present. The CDC does not ever accompany their maps with notes that "these maps do not represent COVID cases or COVID transmission."

Meanwhile, their *Community Transmission* map is harder to find on the CDC's website, [obscuring the reality](#) that 74.02% of US counties are experiencing a high or substantial level of transmission.⁵⁷ High transmission means high chance of getting COVID. Yet, people believe that they are not at high or substantial risk and are removing masks and attending crowded indoor events. And thus, transmission remains high.

The CDC is Misrepresenting the Risks of Contracting and Spreading COVID-19

In 2021, the CDC said that people can go back to work at Day 5 after an infection. This move was based on pressure from corporate lobbyists, despite robust evidence that the average person would still be contagious five days after the start of infection.⁵⁸

In their August 2022 Guidelines, the CDC eliminated guidance around quarantine, isolation, and masking resulting in businesses limiting WFH and sick day availability and forcing teachers and kids back into the classroom while still infectious.⁵⁹ The CDC has instead placed the responsibility onto individuals.

The CDC's latest guidelines allow hospitals and nursing homes to remove mask mandates.⁶⁰ This guidance is dangerous: millions of people cannot safely access medical care.⁶¹ Masks should be required in all healthcare settings.⁶²

The CDC is Misrepresenting the Risks of Contracting and Spreading COVID-19

The vaccine-only strategy promoted by the CDC is insufficient.

While vaccines and boosters may help reduce COVID transmission, especially in the first 3-4 months post shot, they do not prevent it.^{63,64,65}

Vaccination significantly reduces the risk of death and hospitalization across all age groups but it does not eliminate the risks.⁶⁶

Our existing vaccines reduce the risks of Long COVID by 15 percent.⁶⁷

The majority of Americans have not received their first booster, and less than 5% have received the bivalent Omicron-specific booster.^{68,69}

Stay Informed

This guide was compiled by the [People's CDC](#).

[Subscribe on Substack](#) to receive our Weekly Weather Report in your inbox.

For additional resources, such as the Urgency of Equity toolkit, visit [our resources page](#).

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